

SCHOOL'S OUT THEATRE CLASS REGISTRATION FORM



BARRINGTON RECREATION DEPARTMENT

Monday, April 20 – Friday, April 24 9:30 am – 12:00 pm

Fee: \$10 in addition to regular registration fee

Limited to 20 actors

Join theatre instructor, Judy Smith de Perla for a week of theatre fun! Judy will be directing children in a modified version of the Three Little Pigs. Rehearsals will take place from Monday through Thursday with the final production on Friday. Parents are welcome to join us for the show!

Judy Smith de Perla began working with students in Brazil to prepare and present Broadway shows for production at school. Judy has directed plays at the middle school level and assisted directors at the high school level. In East Providence, Judy created a self-sustaining theatre program which has continued for 20 years and includes students from elementary school through high school.

Your child will experience a week of excitement, creativity and fun in this special program.

Pre-registration for this special event is strongly encouraged. Please call the Barrington Recreation Department to register your child. A regular School's Out Program registration form must also be completed. Payment may be made on the day you drop off your child at the Middle School. Fee for the theatre class is \$10 in addition to the regular registration fee. Please call 247-1900 x 381 to register.

Child's Name : _____ ☐ Boy ☐ Girl Age: _____

Address: _____ Email: _____

Emergency Phone/Name: _____

Cell#(s) _____

Allergies/Medical Conditions/Medication: _____

I, the parents/guardian of the above child(ren), hereby give my approval for his/her participation in any/all activities during the Barrington Recreation Department's 2015 April vacation programs at the Barrington Middle School. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child(ren). Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and program director(s). I understand that the Recreation Department does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each child.

Signature (Parent/Guardian) _____

Parent or Guardian: _____

(Please print)

Amount paid _____ check# _____ Cash _____

Barrington Recreation Department
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Barrington, RI 02806
247-1900 x 381
recreation@barrington.ri.gov